

FW



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 26-0472
DATE PAID: 6/14/26
FEE PAID: 318.20
RECEIPT #: 2308780

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: ADISEN Kraisle EMAIL: smithseptic@outlook.com

AGENT: Smith Septic TELEPHONE: 386-985-1429

MAILING ADDRESS: P.O. Box 838 Bell, FL 32619

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / ☒ N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 26-55-17-09393-102 ZONING: PCS I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6.26 ACRES WATER SUPPLY: [☒ PRIVATE PUBLIC []] ≤ 2000 GPD [] > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N]

DISTANCE TO SEWER: 1 FT

PROPERTY ADDRESS: SECR 349

DIRECTIONS TO PROPERTY: Hwy 441 South T/c SE CR 349

property on left

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>Home</u>	<u>3</u>	<u>1803</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: [Signature] DATE: 6-1-26

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

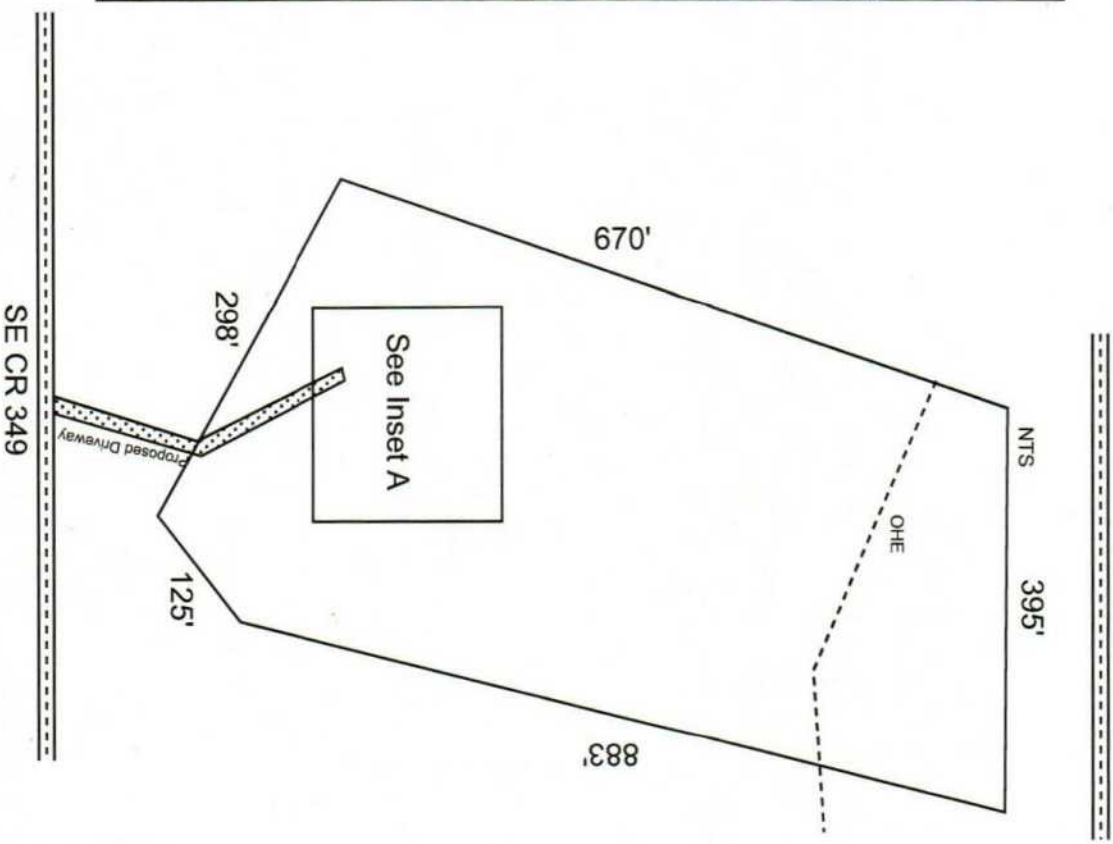
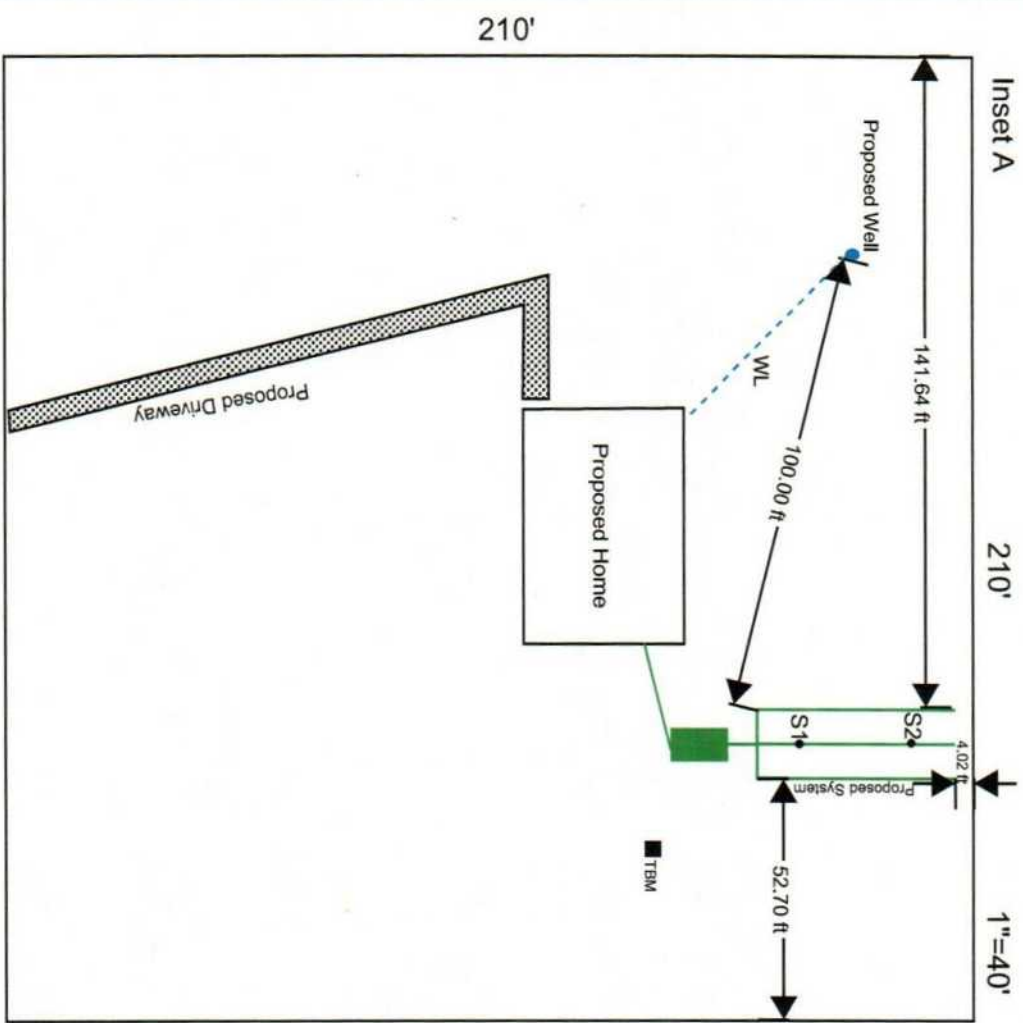
26-0472

SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING
PORTABLE TOILETS
P.O. Box 838, Bell, FL 32619
(386) 935-1429 smithseptic@outlook.com

SITE PLAN

New Septic System
Address: TBD SE CR 349
Parcel ID: 26-5S-17-09393-102
Owner: Krisle

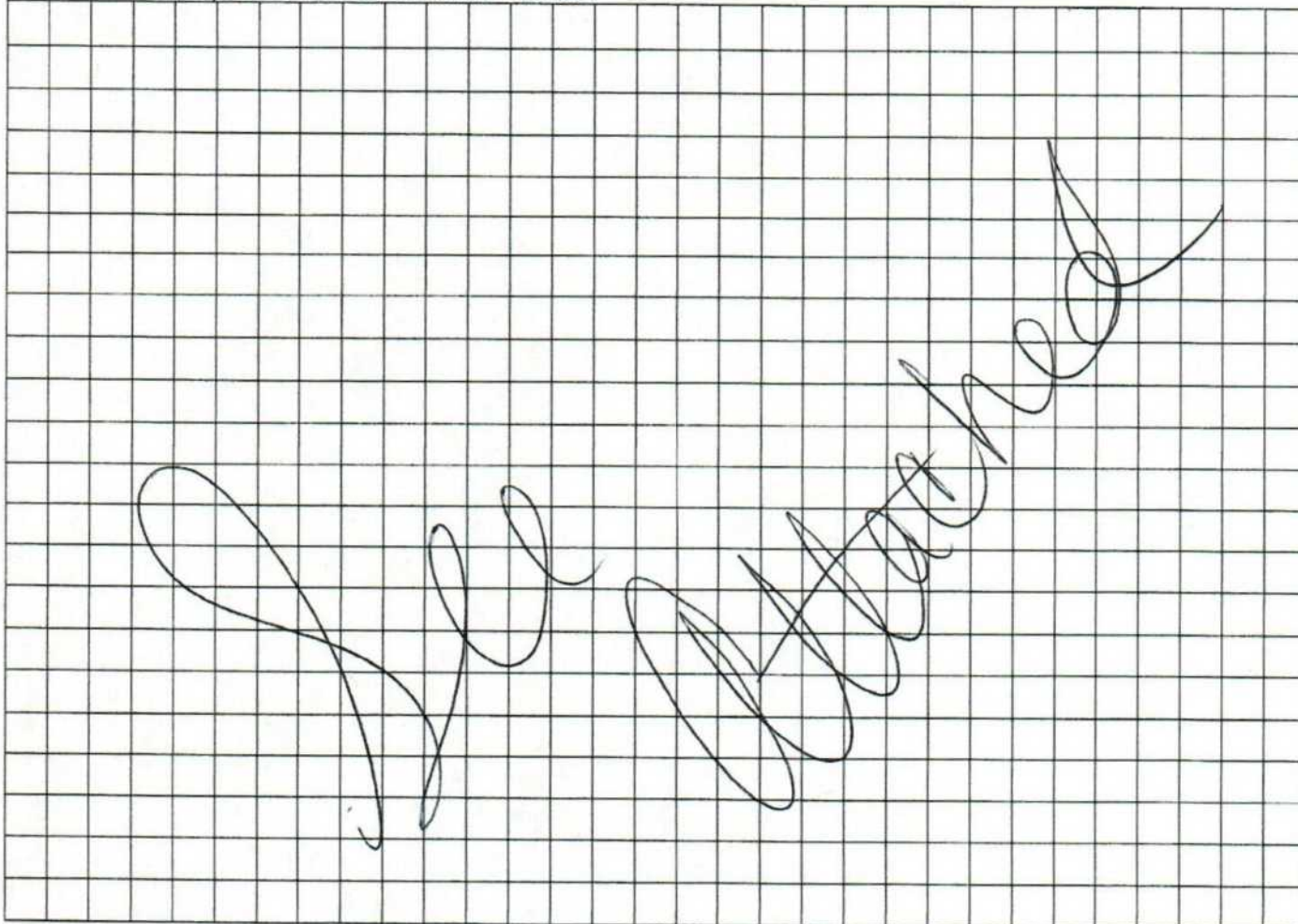


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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0472

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved ☒

Not Approved ☐

Date

6/15/26

By _____

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.